



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
SPOUSAL CONSENT FORM

PLEASE PRINT

COMPLETE AND SEND TO:
ASRS
Attn: Benefits Accounting
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
Fax (602) 240-2096
www.azasrs.gov

Disclosure of an individual's Social Security number is mandated by Section 6109 of the IRC. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the IRS of distributions and withholdings with respect to the individual's account.

SECTION 1 – Member Information

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
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SECTION 2 – Spousal Consent (Check all that apply.)

Married members of the ASRS are required to designate their current spouse as a primary beneficiary to receive at least 50% of their account or elect a Joint and Survivor annuity option, unless the spouse consents to an alternative, per Arizona Revised Statutes §§ 38-755, 38-760 and 38-776.

- ☐ I consent to my spouse making a beneficiary designation that provides me with less than 50% of my spouse's account balance.
- ☐ I consent to my spouse electing a retirement option other than a Joint and Survivor annuity.
- ☐ I consent to my spouse changing or ending my contingent annuitant status.

Spouse Name (print)	Phone Number ()
Spouse Signature	Date

SECTION 3 –Notarization of Spouse's Signature

State of _____)
County of _____)

On this _____ day of _____, 20____, before me personally appeared _____
(name of signer)
whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to
this document, and who acknowledged that he/she signed the above/attached document.

(seal)

Notary Public _____

My commission expires _____

Note: A spouse may revoke their consent if done so in writing and received by the ASRS one day prior to (1) the member's date of death, or (2) any ASRS benefits disbursement, whichever occurs first.

